

**Nursing Unit/Clinic:** \_\_\_\_\_

**Plan Initiated:** \_\_\_\_\_  
(date)

**Patient's Interdisciplinary Care Team:**

- |   |  |
|---|--|
| <input type="checkbox"/> Medical Staff            | <input type="checkbox"/> Pharmacy                |
| <input type="checkbox"/> Nursing                  | <input type="checkbox"/> Rehabilitation Medicine |
| <input type="checkbox"/> Nutrition                | <input type="checkbox"/> Research Staff          |
| <input type="checkbox"/> Pain and Palliative Care | <input type="checkbox"/> Respiratory Therapy     |

- ☐ Social Work  
☐ Spiritual Ministry  
☐ Other \_\_\_\_\_

| Issue            | Goal | Plan | **Initials<br>(sign in<br>table below) | Status<br>(date & initial when<br>issue resolved) | Responsible Disciplines<br>To Address the Issue  |
|------------------|------|------|--|---|--|
| Date Identified: |      |      |  |   | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Pain & Palliative Care<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Rehabilitation Medicine<br><input type="checkbox"/> Respiratory Therapy<br><input type="checkbox"/> Social Work<br><input type="checkbox"/> Spiritual Ministry<br><input type="checkbox"/> Other: _____<br>_____<br>_____ |
| Date Identified: |      |      |  |   | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Pain & Palliative Care<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Rehabilitation Medicine<br><input type="checkbox"/> Respiratory Therapy<br><input type="checkbox"/> Social Work<br><input type="checkbox"/> Spiritual Ministry<br><input type="checkbox"/> Other: _____<br>_____<br>_____ |
| Date Identified: |      |      |  |   | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Pain & Palliative Care<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Rehabilitation Medicine<br><input type="checkbox"/> Respiratory Therapy<br><input type="checkbox"/> Social Work<br><input type="checkbox"/> Spiritual Ministry<br><input type="checkbox"/> Other: _____<br>_____<br>_____ |

(continue on back)

**\*\*Signatures:**

| Initials | Signature | Initials | Signature |
|----------|-----------|----------|-----------|
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# MEDICAL RECORD

## Interdisciplinary Care Management Summary

| Issue            | Goal | Plan | **Initials<br>(sign in table below) | Status<br>(date & initial when issue resolved) | Responsible Disciplines<br>To Address the Issue   |
|------------------|------|------|-------------------------------------|--|---|
| Date Identified: |      |      |                                     |  | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Pain & Palliative Care<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Rehabilitation Medicine<br><input type="checkbox"/> Respiratory Therapy<br><input type="checkbox"/> Social Work<br><input type="checkbox"/> Spiritual Ministry<br><input type="checkbox"/> Other: _____<br>_____<br>_____<br>_____ |
| Date Identified: |      |      |                                     |  | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Pain & Palliative Care<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Rehabilitation Medicine<br><input type="checkbox"/> Respiratory Therapy<br><input type="checkbox"/> Social Work<br><input type="checkbox"/> Spiritual Ministry<br><input type="checkbox"/> Other: _____<br>_____<br>_____<br>_____ |
| Date Identified: |      |      |                                     |  | <input type="checkbox"/> Medical<br><input type="checkbox"/> Nursing<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Pain & Palliative Care<br><input type="checkbox"/> Pharmacy<br><input type="checkbox"/> Rehabilitation Medicine<br><input type="checkbox"/> Respiratory Therapy<br><input type="checkbox"/> Social Work<br><input type="checkbox"/> Spiritual Ministry<br><input type="checkbox"/> Other: _____<br>_____<br>_____<br>_____ |

(continue on additional pages as necessary)

### \*\*Signatures:

| Initials | Signature | Initials | Signature |
|----------|-----------|----------|-----------|
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Patient Identification

Interdisciplinary Care Management Summary  
 NIH-2820 (8-03)  
 P.A. 09-25-0099  
 File in Section 1: Interdisciplinary Care Management